Child & Adolescent
HEALTH CENTER PROGRAM

Continuous Quality Improvement

Content Relevant to: Expanding, Enhancing Emotional Health Model

THIS DOCUMENT IS TO BE USED AS A GUIDANCE TOOL IN DEVELOPING CQI POLICIES AND PROCEDURES FOR E3 PROGRAMS.

DEFINITION:

Continuous Quality Improvement (CQI): a systematic, data-guided activity designed to bring about immediate improvement in health care delivery. It is philosophy that encourages all health care team members to continuously ask: “How are we doing?” and “Can we do it better?” (Edwards, 2008).

PURPOSE:

Ensure quality care is provided in the E3 program by developing and implementing a continuous quality improvement program that monitors and evaluates clinical performance of behavioral health providers, processes for care delivery, and record documentation.

MINIMUM PROGRAM REQUIREMENT (#15):

Implement a quality assurance plan. Components of the plan shall include, at a minimum:

a) Ongoing record reviews by peers (at least semi-annually) to determine that conformity exists with current standards of practice. A system shall be in place to implement corrective actions when deficiencies are noted;
b) Conducting a client satisfaction survey/assessment as least once annually.

PROCEDURES:

- Indicators and thresholds for record reviews and “work plans” will be set up for E3 providers. All indicators will have a target/threshold (at least 90%) and should follow the SMART* goal format.

- Indicators are evaluated annually for necessity of continued monitoring; indicators may be removed from monitoring when the appropriate performance standard has been met three consecutive times. However, if an indicator is important to the program or has a significant impact on clients, then it should be continued.

- A system to implement corrective actions when deficiencies are noted. To ensure that acceptable performance standards are being met, the indicator shall be reviewed for corrective action until the CQI coordinator and MH provider are satisfied that the qualify of care is meeting the acceptable performance standard. This can be accomplished through a PDSA (Plan-Do-Study-Act) or RE-AIM (Reach, Effectiveness, Adoption, Implementation, Effectiveness) cycle when expectations are not met.

- CQI meetings for staff working in the E3 site held at least quarterly (schedule of meeting dates, agendas, minutes, participants). Includes discussion of chart reviews, satisfaction survey results, chosen indicators and rationale (work plan). Includes discussion of any identified issues and corrective actions.

Client Satisfaction Surveys

- Completion of a client satisfaction survey at a minimum annually (***minimum of 10-15% of unduplicated users).***
- Discussion and review of client satisfaction surveys and any identified clinical issues are documented in the minutes of supervisory meetings.
- Parent and staff satisfaction surveys can be included but are not required.

Mental Health Record Review (minimum 5 charts)

- Conducted at least twice annually by an appropriate peer and/or peer level staff of the sponsoring agency or other similar community agency to determine conformity exists with current mental health standards of care.
- Selection of the record review indicators and clinical performance measures are based on current organization indicators and mental health best practices.
- Record reviewer(s) must be identified.
- Record review documents include indicators of goals or thresholds for evaluation and improvement to implement corrective actions when deficiencies are noted.

CARE IMPROVEMENT PROCESS:

The care improvement process is the term used when referring to a CQI project a health center may select to focus on for the year. For the E3 model, we utilize the term "work plan" which is required by EGrams to address the care improvement process.

- Care process improvements include clinical care (mental/behavioral health) goals and E3 program function goals.

- Baselines and thresholds identified with a specific time period.

Sample Care Process Improvements for Care Delivery
(may or may not be documented in the chart)

- Increase the % of charts with a RAAPS/Behavioral Health Screen from 67% (baseline) to 80% (threshold) by the end of FY__.
- Improve the % of Depression Screens from 80% (baseline) to 90% (threshold) by the end of FY__.
- Increase the number of collaborative school safety meetings between E3 and school staff (baseline 0) to four meetings by the end of FY__.
- Increase contacts with parents from 20 (baseline) to 50 (threshold) by the end of FY__.
- Increasing student participation in the E3 services from 3 students (baseline) to 6 students (threshold) by the end of FY__.
- Establishing a process to confirm patient confidentiality during telehealth visits
- Improving communication to parents (decrease time to complete) for non-confidential services

*SMART Goals
SMART goals are Specific, Measurable, Attainable, Realistic, and Time-Based

Examples of SMART goals:

- 100% of clients who receive therapy services will have a treatment plan documented in their chart by the end of the third visit.

- 100% of clients will have a documented mental status exam for each visit.

SAMPLE MENTAL HEALTH RECORD REVIEW TOOL

Date: _____ Site: _____

PATIENT IDENTIFIER															
CRITERION	YES	NO	N/A	YES	NO	N/A	YES	NO	N/A	YES	NO	N/A	YES	NO	N/A
1. Progress note completed at time of each visit:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
2. Progress note includes a mental status evaluation	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
3. Progress notes measures progress towards treatment goals and objectives	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

ASSESSMENT	YES	NO	N/A	YES	NO	N/A	YES	NO	N/A	YES	NO	N/A	YES	NO	N/A
Documentation of this **assessment** contains the following:															
1. A description of presenting problems	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
2. Previous mental health, substance abuse, physical and/or sexual abuse history	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
3. Social History	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
4. Relevant physical health concerns including medication; tx history	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
5. Identified, familial, social, educational, legal, developmental and environmental factors and strengths and weaknesses	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
6. A crisis/safety plan, if applicable	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
7. Care coordination with health center clinical provider and/or other primary care provider	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
8. Evidence of parental notification if necessary, consistent with Michigan law	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

PATIENT IDENTIFIER															
TREATMENT PLAN	YES	NO	N/A	YES	NO	N/A	YES	NO	N/A	YES	NO	N/A	YES	NO	N/A
Documentation of the **treatment plan** contains the following:															
1. Specific measurable treatment goals and objectives	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
2. Recommended visits and duration of the treatment	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
3. Involves full participation of the client and his/her parents/legal guardian to the maximum extent possible	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
4. Reviewed and modified as needed (Best Practice = 90 days)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

CRISIS INTERVENTION	YES	NO	N/A	YES	NO	N/A	YES	NO	N/A	YES	NO	N/A	YES	NO	N/A
When provided, documentation of **crisis intervention** services includes the following:															
1. Steps of a safety plan to protect the client and possibly others	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
2. Individual safety plan developed in collaboration with client. The safety plan developed in collaboration with client. The safety plan includes referral to other resources if health center mental health clinician is not available	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐